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APPLICANTS

Bnan Broussard, Lafayette, LA;

Samuel L. Nebroto, Pittsburgh, PA;
 Jeffery Henry, Port Barre, LA;

** CONTINUING DATA *****
 This appln claims benefit of 60/419,620 10/18/2002

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 01/29/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes- <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	STATE OR COUNTRY LA	SHEETS DRAWING 6	TOTAL CLAIMS 43	INDEPENDENT CLAIMS 4
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ADDRESS
 24122
 THORP REED & ARMSTRONG, LLP
 ONE OXFORD CENTRE
 301 GRANT STREET, 14TH FLOOR
 PITTSBURGH , PA
 15219-1425

TITLE
 Automated drug substitution, verification, and reporting system

FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
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☐ 1.18 Fees (Issue)

☐ Other

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